

**MOBILE CRANE OPERATOR  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by BC Association for Crane Safety (BCACS) or SkilledTradesBC.

**Note:** An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

To qualify to challenge certification in this trade, individuals must have:

- experience performing job tasks listed as per Section D, and
- worked a minimum of **5,400 documented hours** of which 1,600 hours must be operating time.  
**Note:** Of the **1,600 operating hours**, a minimum of **400 hours** must be accumulated on operating one or more of: mobile lattice friction equipment, mobile lattice hydraulic equipment, or mobile hydraulic equipment with capacity greater than 80 tonnes.

Once your challenge application is approved, you must first pass the SkilledTradesBC Level 1 Standardized Written Examination. You will then be approved to attempt the SkilledTradesBC Level 3 Standardized Written Examination and the Mobile Crane Operator Interprovincial Red Seal Examination. Once all three written examinations are passed, you will be required to pass the SkilledTradesBC Standardized Practical Assessment.

**A. Applicant Name**

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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**B. Employment Information of Applicant**

Enter the business information for the applicant’s period of employment declared for this trade.

Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant’s Employment (MM/DD/YYYY): From: To:	Job Title of Applicant:
Total Number Hours of <b>Mobile Crane Operator</b> Experience Accumulated in that Period:	Total Number Hours of <b>Mobile Crane Operator Operating Time</b> (actual operation of the crane) Accumulated in that Period:

*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
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# MOBILE CRANE OPERATOR

## EMPLOYER DECLARATION OF WORK EXPERIENCE

### C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant’s Direct Supervisor:	Supervisor Position or Title:
Supervisor’s Phone Number: (    )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <span style="margin-left: 150px;"><input type="checkbox"/> Other (please specify): _____</span>	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking “Yes” or “No” in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section	Declaration Response
<b>SAFETY</b>	
Comply with regulations, policies, and manufacturers’ manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain a safe working environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow emergency procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Be aware of power line hazards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Practice effective worksite communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CRANE SYSTEMS AND COMPONENTS</b>	
Inspect carrier systems, outrigger systems, and turntable assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect power plants and drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect pneumatic systems, hydraulic systems, and electrical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect steering systems and braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect hoisting systems and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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<b>Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section</b>	<b>Declaration Response</b>
Inspect safety components, devices, and aids	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>WIRE ROPE AND RIGGING</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use wire rope	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow wire rope installation procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use slings and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and store wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret operating manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate hoisting techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a crane unattended according to proper procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TRANSPORTING A CRANE</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow commercial transport regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for transport	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assemble and disassemble a crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section	Declaration Response
<b>CRANE MAINTENANCE</b>	Yes: <input type="checkbox"/>
Use tools for basic crane maintenance	No: <input type="checkbox"/>
Perform basic crane maintenance	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>SPECIALIZED OPERATIONS</b>	Yes: <input type="checkbox"/>
Operate a crane with a suspended work platform	No: <input type="checkbox"/>
Perform engineered lifts	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Perform heavy lifts	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Perform dragline and clamshell operations	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Perform foundation and shoring operations	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Perform multiple crane lifts	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Lift an object into or out of water	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

Job Tasks D2 – must check “Yes” to all job tasks in this section	Declaration Response
<b>LIFT PLANNING</b>	Yes: <input type="checkbox"/>
Follow site assessment procedures	No: <input type="checkbox"/>
Determine load weights	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Determine crane lifting capacity	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Determine rigging requirements	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Conduct a site assessment	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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<b>Job Tasks D2 – must check “Yes” to all job tasks in this section</b>	<b>Declaration Response</b>
Use a crane capacity chart	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Job Tasks D3 – must check “Yes” to a minimum of 2 of 6 job tasks in this section</b>	<b>Declaration Response</b>
<b>TELESCOPING BOOM CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a telescoping boom crane	No: <input type="checkbox"/>
Operate a telescoping boom crane, over 20 tonnes, with a slewing upper structure	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LATTICE BOOM HYDRAULIC CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom hydraulic crane	No: <input type="checkbox"/>
Operate a lattice boom hydraulic crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LATTICE BOOM FRICTION CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom friction crane	No: <input type="checkbox"/>
Operate a lattice boom friction crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**E. Supervisor Signature**

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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